

Partnering With Consumers: The Development Of A Primary Health Care Hepatitis C Treatment Model Within A Peer- Based Needle And Syringe Program

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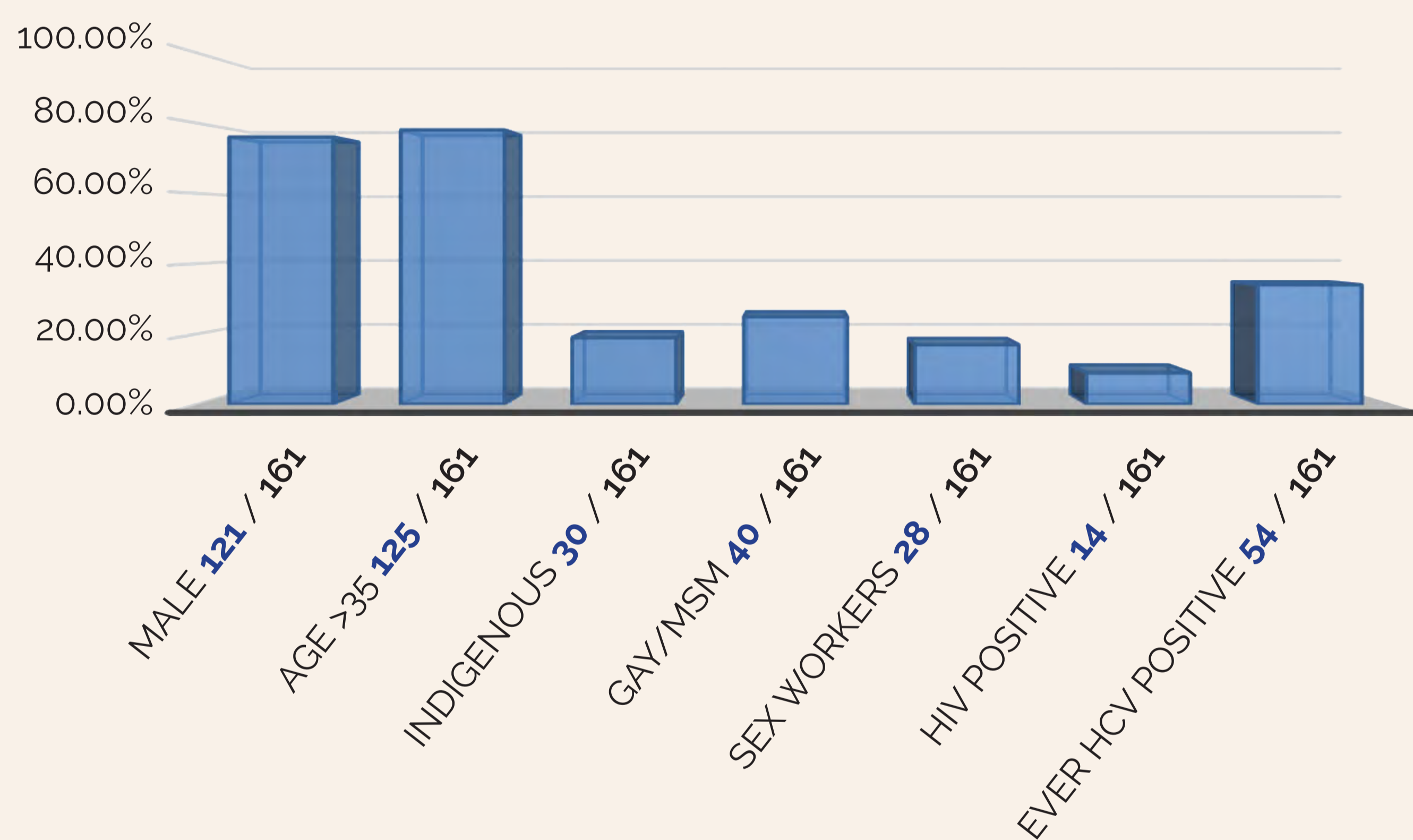
Background:

In November 2018 the Kirketon Road Centre (KRC), a primary health care service in Sydney in partnership with the NSW Users and AIDS Association (NUAA) needle and syringe program (NSP) established a Monday to Friday peer-supported primary health service with a focus on hepatitis C virus (HCV). The service operates 4 hours a day. This study describes the development, activity and outcomes at this clinic.

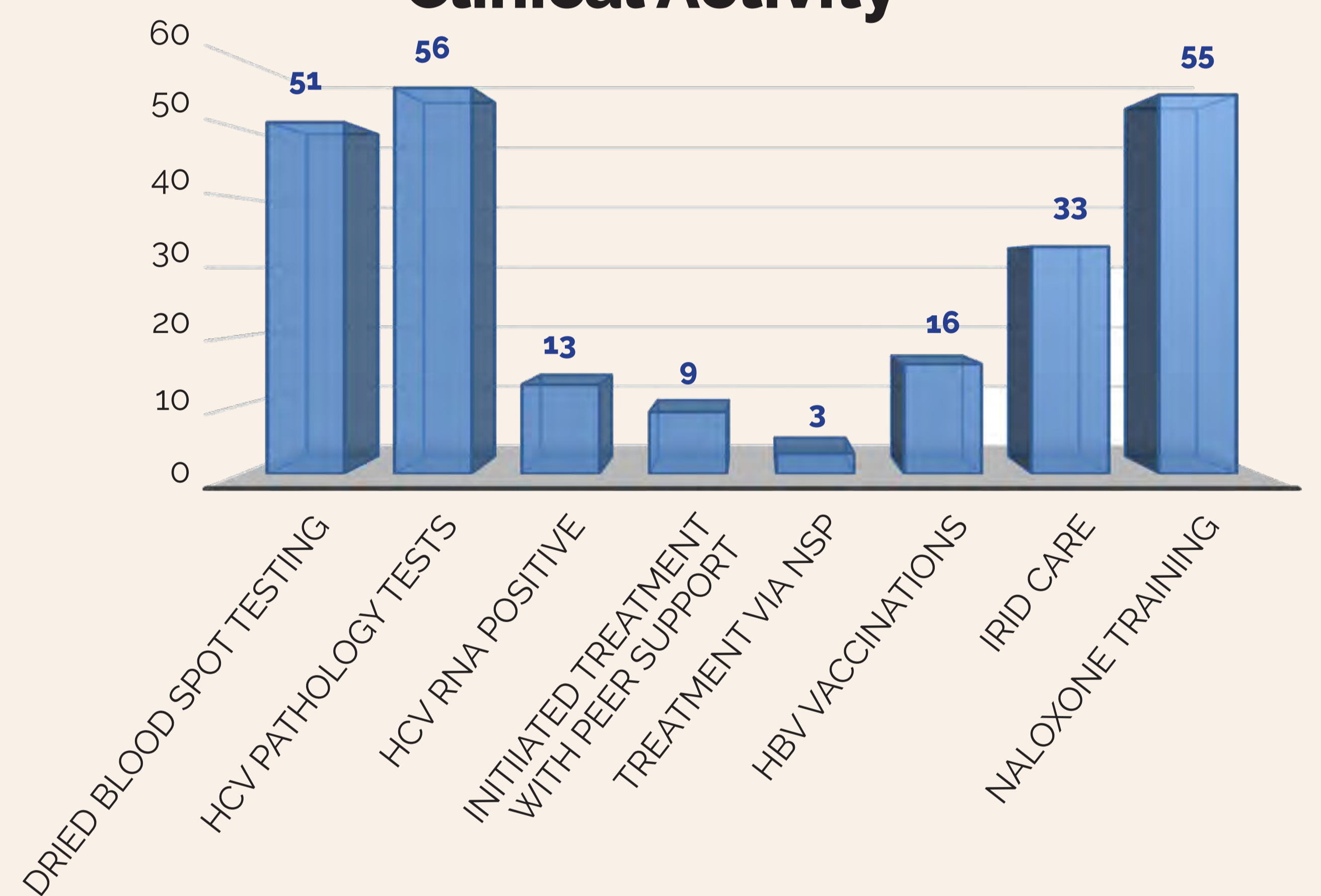
Analysis:

NUAA peers engaged and retain service users providing education, support and promote clinical services including STI/ BBI screening, HCV treatment, health education, vaccination, fibroscan, wound dressing, alcohol and other drugs assessment. KRC and NUAA staff collaborate to co-ordinate, promote and enhance consumer engagement in nurse lead care. Data relating to clinical consultations was extracted from the clinic database.

Demographics



Clinical Activity



Results:

Between 18th November 2018 and 30th June 2019 there were **130** clinics registering **407** visits for **161** individuals, equaling **3.1** clients per clinic. **36%** (58/161) had never previously attended KRC.

Demographic figure: **76%** (122/161) were male and **78%** (125/161) >35 years of age. **19%** (30/161) identified as Aboriginal or Torres Strait Islander. **25%** (40/161) identified as gay, **17%** (28/161) were sex workers. **9%** (14/161) were known HIV positive and **34%** (54/161) had ever been diagnosed HCV positive.

Clinical activity figure: **51** dried blood spot tests for Hepatitis C RNA were performed by the NSP team, and an additional **56** Hepatitis C IgG or plasma RNA tests were conducted. **13** individuals were HCV RNA positive; **9** have initiated treatment with peer support, **3** receiving their medications from the NSP. **16** people received hepatitis B vaccine. **33** IRID wounds were managed and dressed. **55** naloxone trainings were performed.



Conclusion:

Operating a clinical service in collaboration with peers has demonstrated excellent consumer engagement, particularly with consumers who had not previously engaged in healthcare. Consumers attending the NSP are highly marginalised with limited access to care. Screening and HCV treatment has successfully been carried out using this collaborative model. A more detailed evaluation of motivation of consumer engagement is planned to take place.

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